GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:3830
ANSWERED ON:24.03.2017
ASHA Programme
Kushwaha Shri Ram Kumar Sharma;Singh Dr. Prabhas Kumar

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether National Accredited Social Health Activist (ASHA) monitoring group has been constituted for ASHA programme;

(b) if so, the objectives thereof;

(c) the names of the members of the said Committee along with the time since when they are members of the Committee;

(d) the details of selection process, tenure and the expense incurred thereon and the outcome of the research conducted by such body;

(e) the total number of ASHA workers selected in the country, the details thereof, State-wise including North Eastern region; and

(f) whether the Government has taken such steps to ensure that every village should have at least one ASHA activist in remote and tribal dominated areas like North Eastern region, if so, the details thereof?

Answer

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI FAGGAN SINGH KULASTE)

(a) to (c): The Monitoring of ASHA programme is done through field visits and is part of Annual Common Review Mission of NHM. However the Ministry has set up a National ASHA Mentoring Group (NAMG) comprising of leading NGOs and well known experts on community health for supervision and support to the ASHA Programme. The objectives of NAMG is at Annexure-I. The names of the members along with the time since when they are members of NAMG is at Annexure-II.

(d): Under NAMG, except for the provision of state nodal officers who are Ex-officio members, with a tenure of two years each, there is no fixed tenure of the members. Consequently, a person after being nominated to the NAMG remains a member till the next reconstitution of NAMG. On reconstitution of NAMG she / he continue to be a member if her/his name has been retained in the reconstituted NAMG.

No honorarium is paid to the NAMG members. They provide their support and advice on voluntary basis. Only their travel and stay costs are borne, on 'actual basis' when they attend the NAMG meeting, or when they conduct a visit to a state to provide support to the state (which is part of their role as per the objectives of NAMG).

No research is conducted by NAMG. They provide their advice for giving direction to the ASHA programme, which includes guidance on the studies related to the programme. 'ASHA − Which Way Forward, Evaluation of ASHA Programme' is one such major study for which NAMG has provided their advice.

(e): The status of ASHAs selected under NRHM State-wise including North Eastern region is at Annexure-III.

(f): Public Health is a State subject. Under the National Health Mission (NHM), support is provided to States/UTs for strengthening their healthcare system including support for Accredited Social Health Activists (ASHAs) based on proposals received from State/UT governments. The Implementation of NHM including selection of ASHAs lie in the domain of the States. As per the guidelines, ASHAs are selected based on population norm of one ASHA per 1000 population, however in tribal, hilly and desert areas the norms can be relaxed to one ASHA per habitation, depending on the workload, geographic dispersion, and difficult terrain.